
Certificate of Completion
Security for Mobile Computing and Storage Devices

*I acknowledge that I have completed the OPM
“Security for Mobile Computing and Storage Devices”
online training presentation and that I understand
and agree to abide by the rules of the Policy on
Security for Mobile Computing and Storage Devices.*

Print Name: _____

Employee Signature: _____

Division: _____

Date: _____

IT Unit Signature: _____

Return form to:
IT Unit, 3rd floor